

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Mail Stop RCE
Commissioner For Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Application Number:	10/541,132
Filing Date:	June 29, 2005
First Named Inventor:	Kazuya Iwahashi
Group Art Unit:	3781
Examiner Name:	Sue A. Weaver
Attorney Docket No.	MUR01831P00210US

This is a Request for Continued Examination (RCE) under 37 C.F.R. 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 C.F.R. 1.114** Note: If the RCE is proper, any previously-filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

- a. ☐ Previously submitted. If a final Office Action is outstanding, any amendments filed after the final Office Action may be considered as a submission even if this box is not checked.
- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
- ii. ☐ Other: _____.
- b. ☒ Enclosed:
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement
- iv. ☒ Petition for Extension of Time
- v. ☐ Other: _____.

2. **Miscellaneous.** Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of:

- a. ☐ _____ months. (Period of suspension shall not exceed 3 months. Fee under 37 CFR 1.17(i) required)
- b. ☐ Other _____.

3. **Fees.** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. The filing fee has been calculated as shown below:

Small Entity						Large Entity	
For	Claims After Amendment	Highest Number Previously Paid For	Extra Claims	Rate	Fee	Rate	Fee
Basic Fee					\$405.00		\$810.00
Total Claims	16		0	x \$26.00	\$	x \$52.00	\$
Independent Claims	2		0	x \$110.00	\$	x \$220.00	\$
Multiple Dependent Claims				x \$195.00	\$	x \$390.00	\$
				TOTAL	\$	TOTAL	\$810.00

- a. ☒ The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to Deposit Account No. 23-0785.
- i. ☒ RCE filing fee
- iii. ☐ Other _____
- b. ☒ Electronic payment in the amount of \$810.00 to cover the fees is submitted herewith.

4. **Correspondence Address:**


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500 West Madison Street, Suite 3800
Chicago, Illinois 60661
Telephone: (312) 876-1800
Facsimile: (312) 876-2020

Customer Number: 32116

Date: _____

May 9, 2011

Attorney's Signature _____


John S. Mortimer, Reg. No. 30,407